

- 1) Go to Internet Explorer browser address <https://portal.adp.com> Click "Enter" or "Go."



- 2) Click on User Login.



****Enter your User name and Password.**



*****If you have not previously registered on the ADP Self Service Portal, follow these steps:**

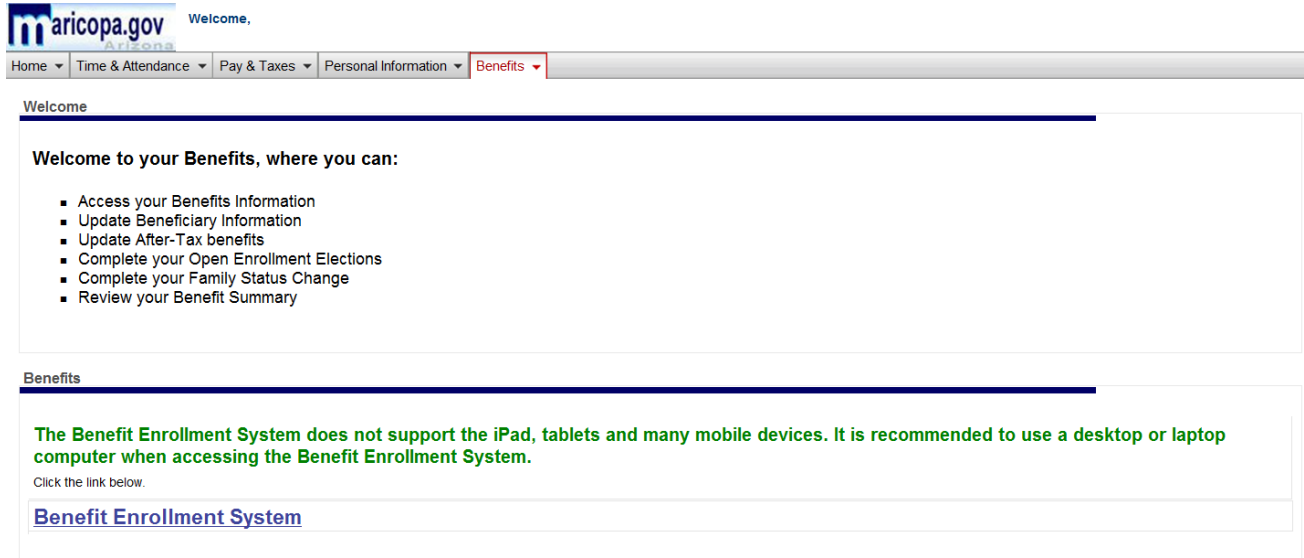
- a. Access the ADP Self Service Portal at <https://portal.adp.com>
- b. Click on "First Time Users Register Here"
- c. Click on "Register Now"
- d. Enter the Registration code: MCAZ-PRISM09, and click "Next" (Tip: the last two digits are numbers zero and nine). During the registration process you will have the option to set your own password and answer the security questions
- e. Enter your Name as it appears on the Worksheet mailed to your home

- f. Enter your Social Security Number, and click “Next”
- g. Follow the prompts for any additional information that may be needed

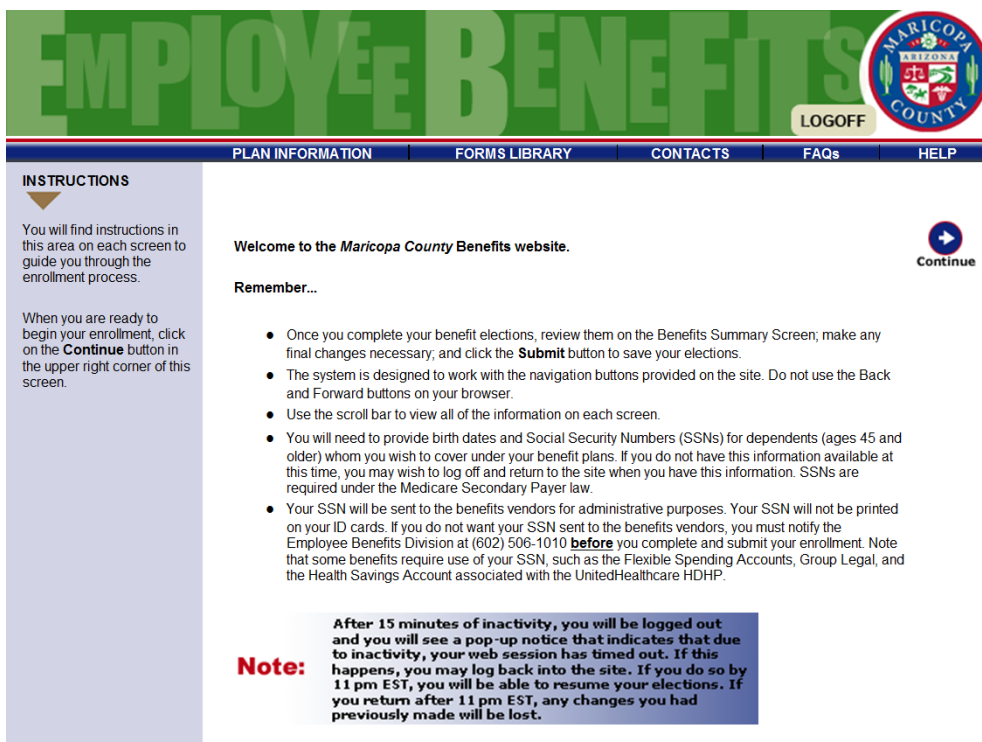
3) Once you are logged in, click on the “Benefits” tab then click “Welcome”.



4) When the new page opens, click on the “Benefit Enrollment System” link.



5) At the Welcome page, read, then click “Continue”.



- 6) When the Main Menu opens click “Open Enrollment.”



- 7) Dependents

Once you have clicked on the enrollment link, the system will walk you through each step from the top down to ensure you complete the entire enrollment process. You will start by adding your eligible dependents. To add a new dependent you will need to enter your dependent’s name, relation, gender, date of birth, Social Security Number, and disability status in the Dependent Maintenance section and then click ‘Add.’ Once all eligible dependents have been added, click ‘Continue.’

When adding a dependent to your coverage for the first time you will be required to provide verification that the individual is an eligible dependent. A request for proof of eligibility will be mailed to your home address with instructions on how and when to submit the necessary documents. Failure to submit the necessary documents will result in your dependent being dropped from coverage.

- 8) Beneficiaries

Next, you will add your beneficiaries and make your beneficiary elections. If dependents were added on the previous screen, they will already be listed on the beneficiary page and their information does not need to be entered again. If you would like to add an additional beneficiary, complete the information in the Beneficiary Maintenance section and click ‘Add.’ Repeat this step until all beneficiaries are listed and then click ‘Continue.’

The Beneficiary Designation screen will allow you to select the percentage of life insurance you would like to designate to each beneficiary. You may designate multiple beneficiaries however your Primary Beneficiary benefit disbursement values must add up to 100%, and your Contingent Beneficiary benefit disbursement values must also add up to 100%. Once your beneficiaries have been designated, click ‘Continue.’

9) Benefits

You will now be prompted to walk through each specific benefit option to elect your benefits. After completing each screen in the Benefits section you will click 'Continue'. As you continue through each specific benefit screen, a pop-up will appear to confirm the benefit choice that was elected. Make sure the benefit election you want appears in the pop-up screen and click 'OK'. If the benefit selection is not what you would like to enroll in, click 'Cancel' and then re-enter your benefit election before clicking continue again. The screens will display in the following order:

Medical

- Before selecting the medical plan, it is important to indicate which of your dependents you would like to cover by placing a check mark in the box to the left of your dependent's name.
- If you elect the Cigna HMO you will need to select a Primary Care Physician.
- If you elect the UnitedHealthcare HDHP with H.S.A., you must provide consent for the County to open a bank account on your behalf by agreeing to the **Affirmation Statement**. If you do not indicate consent with the Affirmation Statement during the Open Enrollment process you can individually open your account by visiting www.optumbank.com. You will be asked to provide the group number which is "901632". You cannot have an Alternate ID Number on this plan as your SSN is required for the Health Savings Account.
- Indicate whether or not you have completed the Biometric Screening, the Health Assessment, and the Saliva test for the detection of nicotine presence. Completion of the Biometric Screening and Health Assessment will result in a reduction in your medical premium. The same is true if you have a negative result on the Saliva test.
- You will be asked if you or your dependents are enrolled in Medicare. The Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Section 111 of the Medicare, Medicaid, and Schip Extension Act of 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number "HICN") from active covered individuals. Active covered individuals are:
 - a) employees and covered family members age 55 (45 as of January 1, 2011) to 64,
 - b) employees and covered spouses age 65 and older,
 - c) employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
 - d) any covered individual that the plan sponsor knows to be entitled to Medicare
- If you elect the UnitedHealthcare HDHP with H.S.A., you will have the opportunity to make contributions to a Health Savings Account.
- Pharmacy and Behavioral Health benefits are bundled with your medical. You will see screens listing coverage for these benefits, and the dependents you elected to have medical/pharmacy/behavioral health coverage.

Vision

- You may elect vision coverage or waive vision coverage. If you wish to enroll in the vision plan, it is important to indicate which of your dependents you would like to cover by placing a check mark in the box to the left of your dependent's name.

Dental

- After selecting the dental plan, it is important to indicate which of your dependents you would like to cover by placing a check mark in the box to the left of your dependent's name.
- If you elect the Cigna Pre-Paid Dental Plan you will be required to select a Primary Care Dentist. Click on the Provider Directory and then enter the PCD ID# for yourself and each covered dependent.

Life Insurance

- Basic Life Insurance of 1X Annual Base Salary is provided to you at no cost. You have the option to elect Additional Life Insurance up to 5X Annual Base Salary. The rates are different based on whether or not you are a tobacco user.
- Basic Accidental Death and Dismemberment (AD&D) Insurance of 1X Annual Base Salary is provided to you at no cost. You have the option to elect Additional AD&D Insurance up to 5X Annual Base Salary for Employee only or Employee plus Family.
- Spouse Life Insurance can be elected as long as your spouse is not a benefits-eligible Maricopa County employee. Coverage levels can be elected in increments of \$10,000 up to \$100,000. The rates are different based on whether or not our spouse is a tobacco user.
- Child Life Insurance can be elected in increments of \$5,000 up to \$20,000.
- Specific coverage levels for Additional Life Insurance, Spouse Life Insurance, and Child Life Insurance will require Evidence of Insurability and will require approval by the insurance company, ReliaStar Life Insurance Company. An Evidence of Insurability Form will load in a separate web page; this will need to be completed and submitted to ReliaStar to the address on the form.

Short-Term Disability

- You may enroll in Short-Term Disability Coverage at salary replacement options of 40%, 50%, or 60% of your salary.

Flexible Spending Accounts

- The Health Care, Dependent Care, and Limited Scope Flexible Spending Accounts allow you to set aside pre-tax dollars to use for payment of eligible health care or dependent care expenses. You will elect an annual contribution in which 24 deductions are taken in equal increments for the Plan Year (July 1 – June 30)
- The Health Care and Limited Scope Flexible Spending Accounts allow annual contributions of \$240 - \$2500.
- If you elected the UnitedHealthcare HDHP with H.S.A., you will be directed to the Limited Scope Health Care Flexible Spending Account Screen. You may use this account to pay for eligible dental or vision expenses for you and your dependents.
- The Dependent Care Flexible Spending Accounts allows annual contributions of \$240 - \$5000.

Group Legal

- You may enroll in Group Legal Service through METLAW.

- 10) Once you have made all your benefit elections, a Benefit Summary page will appear. Review the Benefit Summary and make any necessary corrections. If everything is correct, click 'Submit'.
- 11) You will then be directed to read the Certification Statement and click 'I Agree'. A pop-up prompt will appear in which you can input your e-mail address to have an electronic acknowledgement of your elections emailed to you. If you do not want an e-mail confirmation click 'Cancel'. Otherwise enter your e-mail address and click 'OK'.

EMPLOYEE BENEFITS

LOGOFF

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INSTRUCTIONS

Read the Certification Statement and click on the I Agree button to continue and save your elections.

In order to participate in the Maricopa County Employee Benefits Program and enroll in the benefits you elected, you must click on the I Agree button.

If you do not agree with the Certification Statement, click on the Cancel button to return to the summary. Your benefit elections will not be saved and you will automatically be re-enrolled in the benefits you had for Plan Year 2013-2014, with a few exceptions. The exceptions are the flexible spending accounts and employee contributions to a health savings account. You must actively re-enroll in these benefits each year. A per pay period deduction will be taken from your paycheck to pay for your benefits coverage.

If you waived coverage for Plan Year 2013-2014, you

Your Enrollment Progress:

Dependents > Beneficiaries > Benefits > **Submit**

Certification Statement

By submitting my benefit elections, or allowing automatic enrollment or rollover of my current benefit elections, I authorize Maricopa County to have deductions from my paychecks to pay for my portion of benefit costs. I also authorize the Employee Benefits Division to send necessary personal information to my selected vendors to initiate and support my coverage. I further certify that I have reviewed the instructions provided in the Benefit Enrollment System and the applicable benefit plan information provided via the Employee Benefits Home Page and that I take full responsibility for my benefit elections. The benefit plan information includes "Important Notices" regarding the Maricopa County Employee Benefits Program, and I acknowledge that I have received these notices. I understand that my benefit elections are irrevocable after the close of the enrollment period.

By submitting my enrollment request or continuing with my current health care coverage, I understand and agree that Maricopa County may share protected health information (PHI) as described in the Maricopa County Notices of Privacy Practices concerning me and my dependents with my health care providers. I further agree to release Maricopa County and Maricopa County's health care providers from any liability for any good faith release of PHI in connection with my benefits or as otherwise authorized or required by law.

By updating and/or submitting my elections through this Benefit Enrollment System, I understand that I am making an electronic signature in accordance with applicable state and/or federal law. This signature is the equivalent of a manual signature.

By submitting my elections, I certify to the best of my knowledge, that all information I have provided is accurate and complete. I understand that I may be subject to disciplinary action up to and including termination for failure to provide accurate and complete information. I further understand and agree that I will be required to reimburse Maricopa County for any additional premiums and/or the full cost of claims and administrative expenses paid as a result of providing inaccurate and/or incomplete information.

I Agree

Cancel

- 12) A Confirmation Statement will be mailed to your home address after Open Enrollment has ended. However, you should print the Benefit Summary to keep for your records.

EMPLOYEE BENEFITS  LOGOFF

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INSTRUCTIONS

Step 1: Carefully review your elections for accuracy. Elections are irrevocable following the end of the enrollment period.

Step 2: To make a change to one of your dependents, click on the name of the dependent you want to change in the Dependents table to the right. To add a dependent, click on the Add Dependent button. Do not add duplicate dependents.

Step 3: To make a change to your benefit elections, click on the name of the benefit you want to change in the Benefit Elections table to the right.

Step 4: To make a change to your beneficiary designations, click on the name of the beneficiary you want to change in the Beneficiary Designation table to the right.

Click on the Beneficiary Information button to add or update a beneficiary.

Step 5: When you are finished, click on the Submit button to save your elections.

Your Enrollment Progress:

Dependents > Beneficiaries > Benefits > **Submit**

2014 - 2015 Benefit Summary

Personal Information

Name: Address: Birth Date: Base Salary: USA

Dependents [Add Dependent](#)

Name	Relationship	Birth Date
	Spouse	05/22/1971
	Step Child	02/18/1983
	Legal Guardianship	07/14/2011

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	UnitedHealthcare HCHP with H.S.A.	Employee plus Family	\$42.68	\$618.54
Health Savings Account	I agree		\$0.00	\$0.00
Biometric Screening Premium Reduction	I have completed Biometric Screening		-\$10.00	\$0.00
Health Assessment Premium Reduction	I have completed the Health Assessment		-\$10.00	\$0.00
Non-Tobacco User Premium Reduction	No one (employee nor covered dependents) uses Tobacco products		-\$10.00	\$0.00
HCHP Collection	Neither I nor any of my dependents are enrolled in Medicare	No HCHP JENNER	\$0.00	\$0.00

- 13) The benefits enrollment process is now complete. Click “Continue” and you will receive the “Thank You” message.